2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) FILED ... Feb 16, 2007 08:00 AN DOCUMENT # J65847 1. Entity Namo **Secretary of State** ADVENTURE VACATION RENTALS, INC. Principal Place of Business Mailing Address 950 SE 21ST AVE 950 SE 21ST AVE GAINESVILLE FL 32641 GAINESVILLE FL 32641 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2817073 Not Applicable Zip Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ERB, THOMAS COOK Stroot Address (P.O. Box Number is Not Acceptable) 10915 SW 16 ST MICANOPY FL 32667 City Zip Code 8. The above hamed onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agont and title - applicable, (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIII ☐ Defete [][[] Change ☐ Addilion ERB, THOMAS COOK NAME MAM 10915 SW 16 ST U00000637788 STREET APOPESS STREET LADDRESS MICCANOPY FL 02/27/07-80003-012 150.00 CHY SI ZIP CITY SE ZIP ☐ Addition 11111 ☐ Octobe MILL Change BURKE, THOMAS EDWARD NAME NAME 6046 FAIRVIEW DRIVE STREET ADDRESS STREET ADDRESS PARK CITY UT 84098 CITY ST-78P CHY-SI-ZIP TEEF ☐ Delete HILL Change ☐ Addition NAMI NAME STREET ADDRESS SIBEET ADDRESS CITY ST ZIP CITY ST /IP ma ☐ Delete IIII Change Addition NAME NAME STREET ADORESS SIRFELADDRESS CITY ST 7IP CITY SE ZIP ☐ Delete HILE THE ☐ Change ☐ Addition NAME MALE STHEFT ADDRESS STREET ADDRESS CITY SI-ZIP CHY SI 76 THEF Delete Change mu Addition NAM NAME STREET ADDRESS STREET ADDRESS CHY ST 7th CHY-SI-ZE

ked with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information open is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director to empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 address, with all garder like empoyered. I hereby cortify that the information supplied indicated on this report or suppliermental of the corporation or the receives if changed, or on an attachlike empowe

SIGNATURE:

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR